

APR 12 2006

Atty Docket No. 022013-000160US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner PONNALURI

Group Art Unit 1639

**OFFICIAL COMMUNICATION
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EXAMINER PONNALURI**

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I hereby certify that the following documents in re Application of KOLKMAN and STEMMER, Application No. 10/693,056, filed October 24, 2003 for COMBINATORIAL LIBRARIES OF MONOMER DOMAINS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form;
2. Second Preliminary Amendment; and
3. Supplemental Information Disclosure Statement
with copy of reference cited

Number of pages being transmitted, including this page: 14

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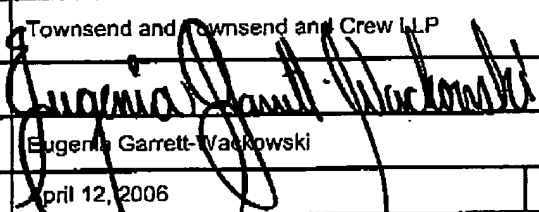
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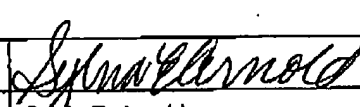
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PTQ/SB/21 (09-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/693,056
	Filing Date	October 24, 2003
	First Named Inventor	Kolkman, Joost A.
	Art Unit	1639
	Examiner Name	PONNALURI
	Attorney Docket Number	022013-000160US
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Second Preliminary Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement with copy of ref. cited <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
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